



Client's Name: _____
(last) (first) (m.i.)

Home Address: _____
(street) (city) (zip code)

Birth Date: _____ Age: _____ Sex: _____

Does client have *DDD* · Yes · No *SSI* · Yes · No *Speech* · Yes · No *O.T.* · Yes · No *P.T.* · Yes · No

Client has guardianship · Yes · No Parents have guardianship · Yes · No

E-mail address: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contact (other than parent):

Name: _____ Phone: _____

What is the client's medical diagnosis (Please check all that apply to client):

- cerebral palsy · MIMD · MOMD · down syndrome
- hearing impaired · visually impaired · spina bifida · heart condition
- burn injury · spinal cord injury · paralysis · AIDS/HIV
- head injury · depression · juvenile arthritis · fetal alcohol syndrome
- autism/asperger · bi-polar · cancer · sickle cell anemia
- diabetes · cystic fibrosis · amputation · seizure disorder
- ADD · ADHD · hemophilia · communication impairments
- Other:

1. Can client toilet themselves? · Yes · No

Describe special toileting needs: _____

NOTE: PLACE staff will only provide very limited toileting assistance.

2. Can client walk? · Yes · No

If **yes**, does client: · Need assistance · Use crutches · Use a walker · Independent

If **no**, does client: · Use a manual wheelchair · Use electric wheelchair · Propel self in chair

3. Can client stand? · Yes · No

If yes, can client stand: · independently · assistance necessary

4. Does client wear braces or other type of AFO? · Yes · No

If yes, what type and for what period of time?

5. Does client need adaptive equipment? · Yes · No

If yes, please state adaptive equipment? _____

6. Does client feed him/herself? · Yes · No

7. Does client have allergies? · Yes · No

If yes, please list:

8. Does camper have seizures or blackouts? · Yes · No

If yes, please describe: _____

The following information will help staff better understand each client's wants and needs. Please be as specific as possible with your answers.

9. What assistance does the camper receive at school?

- Inclusion class · Special Ed class 1:4 ratio · Special Ed class 1:2 ratio · Special Ed class 1:1 ratio
- Clients must be able to function in a setting of 1:5 supervision ratio (staff to client) or greater.
- PLACE does not accommodate for 1:2 or 1:1 supervision ratios.

10. Please list other group experiences (scouts, clubs, etc.):

11. Does client read? · Yes · No

12. Does client write? · Yes · No

13. What are some of the client's favorite hobbies, interests, or activities?

14. Describe any communication difficulties:

15. Describe how client participates in small groups:

Large groups:

16. Have you ever known the client to:

Interacts well with others? · Never · Rarely · Occasionally · Often · Regularly

Is cooperative with peers and adults? · Never · Rarely · Occasionally · Often · Regularly

Expresses his/her needs? · Never · Rarely · Occasionally · Often · Regularly

Exhibits age-appropriate behaviors? · Never · Rarely · Occasionally · Often · Regularly

Hit or strike others? · Never · Rarely · Occasionally · Often · Regularly

Use foul language? · Never · Rarely · Occasionally · Often · Regularly

Exhibit self-destructive behavior? · Never · Rarely · Occasionally · Often · Regularly

React aggressively to criticism? · Never · Rarely · Occasionally · Often · Regularly

Comments on the above:

17. Does client display any unusual behaviors? · Yes · No

If yes, please describe. What things work at home or school? (Be specific): _____

18. Does client need hygiene assistance? · Yes · No

If yes, what assistance is needed?

Please list any other pertinent information that would help our staff in working with the client (Be specific, and please):

I, _____ the legal guardian of _____ give permission for emergency medical service to be administered to my child/participant listed above. I agree to indemnify and hold harmless the CUSD from all losses or injuries sustained during my young adult's participation. I also give permission for any photo/video taken of my child/participant to be used by PLACE or CUSD.

Parent/Guardian Signature: _____

Date: _____